

MAR 13 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

6465

1. PLACE OF DEATH

County Jackson
 Township Kear
 City Kansas City

Registration District No. 399
 Primary Registration District No. 1002
 (No. 3538, Genesee

File No. 3538
 Registered No. 3538
 St. Genesee Ward 1002

2. FULL NAME Julia W. Gill

(a) Residence, No. 3538 Genesee St. Genesee Ward 1002
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>F. D. Gill</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 28, 1867</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>18</u>
If LESS than 1 day, hrs. or min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Topeka
 (STATE OR COUNTRY) Kansas

13. NAME B. F. Dawson

14. BIRTHPLACE (CITY OR TOWN) Indiana
 (STATE OR COUNTRY)

15. MAIDEN NAME Susan Mahala

16. BIRTHPLACE (CITY OR TOWN) Wisconsin
 (STATE OR COUNTRY)

17. INFORMANT Mrs. T. J. Wilson
 (ADDRESS) 3538 Genesee

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Topeka, Kansas DATE Feb. 17, 1937

19. UNDERTAKER Gates Funeral Home
 (ADDRESS) Kansas City, Kansas

20. FILED 7 15 37 M. M. Cronin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1937 to Feb. 15, 1937
 I last saw her alive on Feb. 15, 1937. Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
 Date of onset

Other contributory causes of importance: A30

Name of operation none Date of Feb.
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury Feb. 15, 1937
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) M. M. Cronin, M. D.
 (Address) 1002 21st St. S. E. Kansas City, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Earl B. Hobb
Aug 1968 Bldg